

Case Number:	CM13-0070952		
Date Assigned:	03/03/2014	Date of Injury:	08/20/2013
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66 year old male with date of injury 8/20/13. The treating physician report dated 10/29/13 indicates that the patient presents with pain affecting right wrist and right hip following a fall at work. The current diagnoses are right distal radius fracture; right intertrochanteric femur fracture post ORIF and intramedullary nail 8/20/13; and bilateral blindness secondary to diabetic neuropathy status post kidney transplant.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY TIMES SIX: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Post Surgical Treatment Guidelines following hip fracture surgery recommends 24 visits over 4 months. The records provided do not indicate the total number of post surgical physical therapy visits that the patient has completed. However given that the patient is only 9 weeks post surgical and the initial recommendation for physical therapy

was dated 9/30/13, and being that the request for treatment is dated 10/29/13, would not indicate that the patient has completed 24 sessions of physical therapy. The treating physician has documented bilateral blindness, difficulty with gait and transferring from his wheel chair following right hip surgery. Therefore, the request for physical therapy, quantity six is medically necessary and appropriate.

HAND THERAPY TOMES SIX: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS Physical Medicine Guidelines for physical therapy allow 9-10 visits for myalgia type pain. The Post-Surgical Treatment Guidelines do not apply as the patient was treated with casting and released for the right wrist injury. The treating physician has documented that the patient is improving with less pain and improved ability to write, type and use his wheelchair. While the documentation provided does not clearly identify how many physical therapy visits have been performed for the hands, the treating physician has documented decreased pain and improved function. Therefore the request for hand therapy, quantity 6 is medically necessary and appropriate.